Renaming Application



City of Jackson, Mississippi
Department of Economic Development and Planning
Office of City Planning
Land Development Division
200 South President Street
P. O. Box 17
Jackson, Mississippi 39205-0017
(60) 960-2037/ (601) 960-2001
(601) 960-2192 (fax)





Application for Renaming of a Public Street or Public Facility (Please type or print clearly)

Petition No.	
--------------	--

Name of Applicant:				
Address:				
City:	State:		Zip:	
Phone:		Fax:		
Email:				
Attorney/Representative:				
Address:				
City:	State:		Zip:	·
Phone:		Fax:		
Email:				
Current name:				
Proposed name:				
Reason for requested renam	ing:			
The above is true and correct to		· ••		
Signature(s)				
		-		
STATE OF MISSISSIPPI COUNTY OF HINDS				
SWORN TO AND SUBSCRIB	ED BEFORE ME,			
THIS THEDAY	OF	, 20		
MY COMMISION EXPIRES:				

PROCEDURE GUIDE

The petitioner shall complete an application and provide supporting documentation, which shall be filed upon a form provided by the Department of Planning and Development. A \$251 fee shall be paid when the application is filed. An installation fee in the amount of \$150 for each sign to be changed per each street intersection shall be paid upon approval of any naming or renaming of a street or public facility. Any costs associated with the notice, advertisement, publication and all other fees associated with the processing of the petitioner's application shall be borne by the petitioner.

The following items shall be attached to this application. Failure to do so will delay the processing of this application until such time as these items are provided:

- 1. Legal name and address of petitioner
- 2. Current and proposed name of the street or facility
- 3. Reason(s) for the naming or renaming, including a biographical sketch of the person for whom the street or facility will be named.
- 4. Legal description of the street or facility to be named or renamed
- 5. Listing of all intersecting streets. In case of a bridge, the closest two intersecting streets on opposite ends of the bridge shall be identified.
- 6. A listing of all intersecting streets affected by the naming or renaming.
- 7. A tax map showing street or facility to be named or renamed and all blocks and lots involved in the request.
- 8. A petition with 75% of property owners located on the property affected by the street naming or renaming, indicating their support of such action. A sworn affidavit or legal opinion attesting to the genuineness and validity of the signatures shall be attached to the petition. Petitioners shall also provide receipts indicating that petitioner mailed notice to surrounding property owners within 160 feet by certified mail-return receipt requested.
- 9. Letters from affected utility agencies, stating their approval or disapproval of the proposed naming or renaming.
- 10. A statement from the Planning Department indicating that estimated costs the City will incur, if the proposed naming or renaming is approved by the City Council.

Checklist for completed application package:

□ Completed application □ Legal name and address of petitioner Current name of the street or facility Proposed name of the street or facility □ Reasons for the naming or renaming, including a biographical sketch of the person for whom the street of facility will be named □ Legal description of the streets of facility to be named or renamed □ Listing of all intersecting streets. In the case of bridge, the closest two intersecting streets on opposite ends of the bridge shall be identified. □ A tax map showing the street or facility to be named or renamed, and all blocks and lots involved in the request □ A petition with seventy-five percent (75%) of property owners, located on the property affected by the street naming or renaming, indicating their support of such action. A sworn affidavit or legal opinion attesting to the genuineness and validity of the signatures shall be attached to the petition Letters from affected utility agencies stating their approval or disapproval of the proposed naming or renaming □ A statement from the Department of Economic Development and Planning indicating the estimated costs the City will incur if the proposed naming or renaming is renaming is approved by the City Council ☐ Copy of the notification letter to **property owners** and neighborhood associations and copies of the certified mail receipts from all letters sent - Letters to owner of property according the information on Hinds County Landroll

Verification form the Department of Economic Development and Planning

□ Application fee of two hundred fifty dollars (\$251.00)

that proposed name is not already in use

UTILITY CONTACTS

1. Bellsouth Telecommunications, Inc.

P. O. Box 811

702 Landmark Center

Jackson, MS 39205

Attention: Michel Turner, Manager

601-383-1041

fax

2. Entergy Mississippi, Inc. Customer Service Center P. O. Box 1035 Jackson, MS 39215-9985

Attention: Customer Service

601-351-4669

-960-2351 fax

601-351-2775 fax

- 3. Comcast Cable Jackson Division 5375 Executive Place Jackson, MS 39206-1187 Attention: Division Director, Public Affairs

601-982-1187

601-982-9532 fax

4. City of Jackson Water/Sewer Utilities Division P. O. Box 17 Jackson, MS 39205-0017 Attention: Division Manager 601-960-2090

5. Atmos Energy Corp. 4155 Industrial Drive Jackson, MS 39209 601-961-6732

6. Mississippi Valley Gas Co. 124 One Madison Plaza, Suite 2100 Madison, MS 39110 601-969-0222 601-969-2215 fax

NEIGHBORHOOD ASSOCIATIONS WITHIN 1000 FEET

6. City of Jackson

Neighborhood Planning

P. O. Box 17

Jackson, MS 39205-0017

Attention: Ester Ainsworth

601-960-2001

601-960-2192 fax

eainsworth@city.jackson.ms.us

PROPERTY OWNERS WITHIN 160 FEET

7. Hinds County Tax Assessor

P. O. Box 22908

Jackson, MS 39225-2908

601-968-6616

http://www.co.hinds.ms.us/pgs/apps/landroll_query.asp

NOTIFICATION FORM LETTER

Date:
Dear Sir or Madame:
Please be advised that
has/have filed with the City of Jackson an application for a:
Facility RenamingStreet Renaming
For Facility Renaming:
The current name of the facility is
The address of the facility is
Proposed Facility Renaming:
For Street Renaming: Name of Street to be renamed:
The location of the street between and
is the part that is being requested to be renamed
Proposed Street Renaming:
The City Council will conduct a hearing on the requested renaming on at a.m. /p.m. in the City Council Chambers
located at 219 S. President, Jackson, MS 39201
This Letter serves as an official notification to the property owners and tenants within 160
feet and all neighborhood organizations registered with the Department of Planning and
Development within 1000 ft. of the requested facility or street renaming. Additional
information regarding the renaming request may be obtained by calling (601) 960-2001 or
emailing eainsworth@city.jackson.ms.us.
Applicant Applicant

Attachment